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FOREIGN BODIES IN THE AIR PASSAGES.

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THE introduction of a foreign body into the larynx, or trachea, is an accident generally attended with much terror and distress at the time, and often followed by symptoms of an alarming, and sometimes of a fatal, character. The occurrence of this accident is rendered more frequent, both by the heedlessness of children, and the foolish habit indulged in by many grown persons of keeping pins, nails, and other like bodies, in the mouth.

A question arises in the mind of the surgeon called to an instance of this kind, as to the propriety of opening the windpipe, and attempting the extraction of the foreign body without delay. If the nature of the symptoms be urgent, and immediate suffocation is threatened, there is no alternative but to proceed at once to the operation. But if the violent paroxysm, which at first threatened life, has subsided, and the substance has settled into one of the bronchial tubes, causing only occasional disturbance, or if as in children some doubt rests on the account of the accident, the question becomes one of more difficult solution.

One or two remarkable operations of late years have called the attention of the medical public to this subject, but as yet no definite rule of action has been laid down. With the purpose of assisting in this object, the following cases are now given to the profession.

*I. Foreign Body in the Left Bronchus.*

On Tuesday evening, October 13th, I was called to see a little girl 8 years old, a child of Mr. Morse, of Southbridge, who had just been brought to Boston by its parents. The same morning, while in the act of laughing, a common garden bean, which she had in her mouth, was drawn into the trachea. She was at first nearly suffocated. Gradually, however, the cough and struggles became less violent; and during a ride of four or five miles, almost entire tranquillity in the respiration was restored. In the course of an hour or two the difficulty of breathing returned, and finally became so laborious, that the parents being alarmed determined to bring her immediately to Boston, accompanied by her physician, Dr. Fay.

I saw her at 7 o'clock, P. M. She was considerably fatigued by a ride of fifty miles in the coach and cars. The countenance was pale, rather livid, and expressed great anxiety. On any change of position a cough was produced, attended with the ejection of a quantity of mucus. On auscultation of the back of the chest, the sound of the natural respiration was much obscured by a loud mucous râle: in front the râle was very loud on the right side, but on the left the sounds of respiration and the râles were in a great measure wanting. On percussion the left side was a little flatter than the right. There was no sound, either in the lungs or trachea, to indicate the movement of a foreign body. The voice of the child was husky, as in croup.

In view of the above symptoms, I had no doubt but that the foreign body was lodged in the left bronchus, and advised the following course. *First*, in order to ascertain whether the substance was moveable and likely to ascend towards the larynx, that the child should be suspended with the head downwards, the throat irritated, and percussion made on the chest. *Second*, if the substance could be made to fall into the trachea by these means, to perform the operation of tracheotomy.

The first proposal was carried into effect. The child was taken by the legs, and held with the head downwards; then passing my finger into the throat I carried it quite below and behind the epiglottis, so as to induce strong efforts to vomit. Percussion of the chest was also practised.

The process above described was twice repeated without avail. A great quantity of mucus was brought up by coughing, but no strangulation was induced, or other symptom to indicate a change of position in the foreign body. The child was therefore ordered to be kept in a state of quiet as perfect as possible, and to have an opiate administered, if sleep was prevented by the irritation of the lungs.

On the following day, the 14th, I found that the night had been passed quietly, and only disturbed by one fit of coughing. These attacks were, however, produced by the slightest mental or physical excitement. An examination of the chest revealed the same phenomena as on the day previous; the râles being slightly increased.

I requested a number of medical gentlemen to see the patient, and to give their opinions as to the best course to be pursued. The conclusions arrived at, in consequence, were as follows:—

1st. That the great want of success attending the operation of opening the air passages, and searching for foreign bodies, arising from the irritability of the parts and the consequent difficulty of manœuvring instruments, does not render an immediate operation desirable, particularly as the patient is comparatively easy, and the danger not pressing.

2nd. That the spontaneous expulsion of these bodies was not unusual, as we had ourselves witnessed in a number of instances, one or two of which will be adduced in the sequel.

3d. If symptoms of strangulation came on, to operate immediately.

It was determined to give the child an emetic of ipecac., as considera-

ble febrile action was present, and the effort of vomiting might possibly move the foreign body. This was done with much relief to the breathing, but without causing any change in the situation of the substance.

On the morning of the 15th, I found her quite as comfortable as on the day previous; the chest was examined by Dr. J. B. S. Jackson, who distinguished the same auscultatory phenomena as myself.

Feeling anxious at leaving the patient in this state from the fear of any sudden movement of the foreign body, and the consequent danger of immediate strangulation, I had nearly determined to perform tracheotomy on the following day, and while keeping the child under the full effect of the ethereal inhalation attempt the introduction of instruments for exploring the air passages. But the crisis of the case, which took place in the mean time, prevented this experiment.

About 4 o'clock in the afternoon I was called in haste to the child. In a paroxysm of mental excitement, produced by the mother's taking leave of her from the necessity of returning home, the bean being suddenly disengaged had brought on strangulation. When I arrived she was almost exhausted; the face was livid, and she was writhing in distress, like a person having a cord tied tightly around the neck.

I immediately proceeded to open the trachea, assisted by Drs. Parkman and Briggs, and by Dr. Ball, who had been called in from the neighborhood, when the first alarm occurred. The operation was in this, as in all the cases in which I have attempted it, where an obstruction existed in the windpipe, whether caused by a foreign body, or croupy membrane, extremely difficult. This arises both from the swelling of the neck, in consequence of the great venous congestion, and the constant and violent struggles of the patient for breath.

The skin and superficial fascia being divided, and the thyroid plexus of veins avoided, or tied, as I was separating the sterno-hyoid and sterno-thyroid muscles a sudden crack was heard, as if some portion of the lung had given way. This was immediately followed by an emphysema of the cellular membrane in the neighborhood of the wound, and a small tumor filled with air was forced up out of the chest, on the left side and in front of the trachea, at each movement of inspiration. A mitigation of the distress in breathing followed this occurrence. The tumor was now held back with a spatula, and a sharp-pointed bistoury plunged at once into the trachea. The bean was seen greatly swollen, moving up and down in the tracheal passage, and completely filling its calibre. It presented itself once or twice at the artificial opening, and in the struggles of the child was almost forced out. The edges of the trachea being separated by silver hooks, the bean was seized with some difficulty, on account of its softness, by the hooked forceps, and withdrawn. The patient immediately on the conclusion of the operation fell into a most profound sleep, and the breathing was so tranquil, that it could only be determined by exploring the pulse, whether she was alive, or dead.

The bean had swollen to more than double its proper size. On mea-

surement it was ascertained to be two thirds of an inch in length and half an inch in breadth.

The patient recovered without any bad consequences.

*Remarks.*—The rupture of the lung did not present any subsequent symptoms, which could be referred to these organs, and therefore there must be some hesitation in deciding upon the seat of this accident. In all probability it took place at the root of the lung in one of the larger bronchial tubes, and the air made its way out of the chest without implicating the pleural cavity. A similar rupture I have once before observed in croup—the neck and whole side of the chest becoming emphysematous, with an immediate relief to the breathing, as in the present case.

The small tumor that appeared on inspiration is not so easily explained. Whether it was cellular texture filled with air, or a portion of the lung, we could not determine.

At a subsequent date to the operation, having procured some garden beans of a similar kind to the one removed, I immersed them in water of the temperature of the body, and found that in forty-eight hours they were increased in bulk to more than double, and some to treble the natural size. This fact fully demonstrates, that when substances which are liable to be enlarged, by the heat and moisture of the body, are introduced into the air passages, no hope can be entertained of their spontaneous expulsion. And the danger of an occurrence like the present, where death would have been inevitable if speedy relief had not been at hand, would lead us not to delay the operation, especially when it can probably be so much facilitated by the use of the inhalation of ether.

## II. *Horse-shoe Nail in the Bronchus.*

On May 10th, 1846, a little boy, between 2 and 3 years old, son of Mr. Dwyer, of Upton, Mass., was brought to me by its parents, with the suspicion of its having a nail in the lungs. The account they gave of it was as follows.

Three weeks ago the child came into the house from a blacksmith's shop in the neighborhood, where he had been accustomed to go and play with a hammer and nails, from which he had lately been forbidden by his mother. In order to punish him for this disobedience she took him in her arms, and set him down in a chair with some violence. He was immediately seized with choking and a violent cough. As soon as he could be interrogated, he said that it was caused by a nail in his mouth, which he had procured at the blacksmith's.

The cough for a time subsided, but shortly returned with some attendant inflammatory symptoms of the lungs, which lasted a week. At the end of that period, as the child was lying over a chair with its head hanging downwards, a sudden clucking noise was heard, as if a substance had been thrown up from the lungs into the windpipe, and was at once followed by a paroxysm of suffocation, which nearly destroyed him. He was taken up, placed in a sitting posture, and the obstruction appeared shortly to be removed.



Since that time he has twice experienced similar attacks, always coming on when the head was in a dependent position. In the intervals he has had a hoarse cough, and has also been troubled with night sweats, loss of appetite, and emaciation. At certain parts of the day, particularly towards evening, there is a great rattling of mucus in his chest, which his father thinks is principally on the left side.

In this state I saw the child. He was rapidly failing from the irritation of the lungs, and it was evident, that unless something was done to relieve him, he must soon sink under it. I therefore advised the parents to leave him in town, so that I might investigate the case, and determine the most proper means for his relief. As it was necessary that the father should return home, it was agreed, that if any operation was done he should be advised of it, so as to be present, unless an immediate one was required to prevent suffocation.

The child was brought to me daily at 1 o'clock, and was seen and his chest examined by a number of medical gentlemen, among others by my friends, Drs. Parkman, Bowditch and J. B. S. Jackson. The signs on auscultation were as follows. The whole chest gave rather a flatter sound than natural. On both sides a loud mucous râle was heard, rather more marked on the left, than on the right side, but not sufficient to determine with precision in what part of the lungs the substance was imbedded.

In the course of six days the boy had four attacks of suffocation from the dislodgement of the foreign body, which rose into the trachea. The last attack came on while he was at dinner, and so suddenly that he fell back as if he had been shot, and was with great difficulty recovered.

Being now fully satisfied as to the existence of a foreign substance in the air passages, I determined to perform the operation of tracheotomy, and directed his father to be sent for. This was on Friday, and the time appointed for the operation was the ensuing Monday, as the earliest date at which the father could reach the city.

The following course had been marked out.

The child being firmly bound to a board, to make an opening into the trachea just above the sternum, with the hope, that in consequence of the irritation thus produced, the foreign substance would be forced up, and present itself at the orifice of the wound. If this did not happen, to invert the body, which in all probability would cause its dislodgement, and thus it might pass through the epiglottis, the violence of the spasm of that organ having subsided, or at any rate it might be extracted through the wound.

All the preparations having been made, on the day appointed for the operation ten drops of laudanum were given in divided doses, in order to produce as much quiet as possible during the dissection of the neck and opening of the windpipe. Previous to its performance, I proceeded to make a last examination of the chest, and much to my surprise found that the mucous râle had almost entirely disappeared; his mother stated, also, that the cough had been much less for the last two days, and there had been no recurrence of suffocation since the violent attack of

Friday. Under these circumstances it was decided to invert the body before opening the windpipe, and try what effect it would have in dislodging and bringing up the foreign substance. This was most thoroughly tried, and the fauces repeatedly irritated by passing a quill down the throat, but without effect; no foreign body appeared. The operation of course was not persisted in, and in fact from this time he began to improve in health, and fully recovered.

I heard from this child some months afterwards. He was in good health. He had, however, resumed his migratory habits, and two days after his return home, in order to add another page to his eventful history, had fallen into a river near the house, from which he was rescued by a laborer after having floated some distance down the stream.

*Remarks.*—The solution of the apparent mystery connected with this case seems to be explained in the following manner.

To questions as to the circumstances attendant on the last paroxysm of suffocation, the mother said, that while he lay upon the floor, as she thought dead, she seized with her fingers the tough and stringy mucus protruding from his mouth, and when pulling on it, it seemed to unwind from some body in the throat. That on Saturday and Sunday, the two following days, the child suffered from severe pains in the bowels, which were relieved at night by a powerful fecal discharge, forty-eight hours after the attack of suffocation. It is highly probable, therefore, that the substance, rolled up in the tough, adhesive mucus, was thrown up into the larynx, completely obstructing its passage; and that the mother by pulling on the mucus partially detached it from the nail, and finally dragged the latter into the throat, whence it was swallowed, and ultimately discharged at the end of the second day.

### III. *Pin in the Larynx.*

In April, 1847, Dr. Hobbin, of Brookline, brought to my house a young woman, who had been so unfortunate as to get a pin into the larynx. The circumstances under which the accident happened were these. She was engaged a week previous in undressing a child, of which she had the charge, and incautiously put the pins as they were removed from its dress into her mouth. Her attention being withdrawn by some occurrence in the chamber, the contents of the mouth were swallowed. There immediately ensued a severe paroxysm of strangulation and coughing, during which three pins were ejected; a fourth, however, remained sticking somewhere in the air passages. A suffocating cough at once commenced, which continued almost without cessation to the day I saw her. It was then so severe as to induce the fear of strangulation. A probang had been passed down the œsophagus, and other means attempted to dislodge it, under the presumption that it might be somewhere in the fauces, or œsophagus, but without any effect.

Although I had but little doubt as to the situation of the body, yet I thought it proper to explore the fauces. When the patient was questioned as to the spot where she supposed the pin to be lodged, she

pointed to a place on the left side of the thyroid cartilage. The pricking sensation had first been felt directly in the middle, but after a fit of coughing had changed its position to the place above mentioned.

With this guide I had the patient's head held well back, so as to bring the mouth as near as possible into a line with the œsophagus, and thus supported. The fore finger of the right hand was now carried down the throat, passed over the epiglottis, then carefully swept around the top of the larynx, so as thoroughly to explore the pouches of the pharynx on each side, where foreign substances are so likely to be arrested. Nothing unnatural, however, could be discovered, but the patient exclaimed that the pin was moved when the left pouch was examined.

I determined, therefore, to make a second trial. The fore-finger of the right hand was now placed on the outside of the throat, at the spot where she had felt the pricking sensation, and the finger of the left hand carried down the throat, so as to oppose it to the other. It was now found that the larynx intervened, and on pressing them together she immediately cried out that the pin had moved. This proved to be the case, as the violence of the cough was at once relieved.

On account of the great redness and irritation of the throat, induced by the continual cough and the various manipulations which had been made, I advised, that she should be bled, and have an opiate afterwards. It was agreed that she should again visit me in two days, in order to determine whether the present relief would be permanent, or if a surgical operation would yet be necessary.

At the expiration of the time appointed I saw the patient again. She had been quite easy since her last visit, and although there was still some cough, yet it caused her so little inconvenience, that it was thought advisable to pursue a temporizing course, and watch the progress of events. After she had left me, however, and was stepping into the omnibus to return home, she felt the pin suddenly dislodge itself from the larynx, and come up into the throat, whence it was immediately swallowed. The symptoms were at once relieved, and I have heard from her repeatedly since as quite recovered from the effects of the accident.

IV. An instance, in which a small carpet nail slipped into the larynx, occurred to me during the last year, but the principal circumstances of the case and the result are so similar to that just stated, that it seems hardly to merit a detailed statement.

*Conclusions.*—The following conclusions may be deduced from a review of these and similar recorded cases.

In the first place, it is unsafe to trust to the chance of spontaneous expulsion, any substance, which is liable to have an increase of bulk from the heat and moisture of the human body; as in all probability the swelling of this substance will render its exit impossible. This is still more true as regards children, from the comparatively small size of the larynx.

2nd. Metallic substances, or those not embraced under the preceding head, when engaged in the larynx, or lodged in the lungs, may be trusted

with more impunity. If flat, they naturally present an edge to the tube, so as to permit the passage of air on either side. When lodged in the bronchus, such a substance becomes after a time enveloped in mucus, so as to obstruct the free act of respiration; it is then forced upwards, and in the struggle which ensues the mucus is disengaged. The body then falls back, and remains quiescent until it again becomes covered with mucus, when the process of dislodgement is repeated. Sometimes in the violent cough, which occurs at the change of place of this body, it is forced out into the mouth and swallowed, or ejected; at others, by coming up suddenly, when the patient's attention is distracted, it takes the larynx as it were by surprise, and easily escapes.

An interesting case of this latter class occurred in a little girl, a patient of Dr. Hale, in whom tracheotomy was performed by Dr. J. C. Warren, for the removal of the wooden stopper of an inkstand, which had been sucked into the trachea. As soon as this passage was opened, all irritation subsided, the foreign substance settled down into the bronchus, and although the wound was kept open a week, and attempts made to dislodge it, they were without avail. Some months afterwards, as the patient was looking out of a window, very intently watching the passing of a military company, the substance, came up without effort into the mouth, and was at once expelled.

3d. If the substance is fixed in the bronchus, and the patient young, the prospect of seizing it by instruments introduced through the wound and carried down in the direction of the lungs, is extremely small. In fact I do not know of a single successful case upon record, with the exception of one, in which Mr. Liston opened the trachea of an adult, and introducing the forceps with some difficulty, seized a bone, which had become engaged in the right bronchus.

4th. Some doubts will arise, however, as to the propriety of leaving in any case a foreign substance for a period of time in the lungs, without an effort to remove it. For although it may finally become detached and be ejected, as it frequently is, after remaining many months or years imbedded in the substance of the lungs, or stowed away in the bronchial tubes, yet fatal organic lesions are not uncommonly the result. The judgment of the surgeon must therefore be determined by the circumstances of the particular case.

It is remarkable in how great a number of these cases, which we find recorded as having occurred in children, the substance introduced was a common garden bean. Dr. Twitchell, of Keene, N. H., in the *New England Quarterly Journal of Medicine and Surgery*, mentions two instances, in which he operated with success. Many of a similar character may be found, by looking through the different periodicals.

Should another case of this kind occur to me, I should at once perform the operation of tracheotomy, and by a free use of ether attempt to allay the irritability of the air-passages, so as to allow a more easy exploration by instruments, than is generally afforded in the natural state.

*Boston, December 9, 1847.*

## AMPUTATION OF THE NECK OF THE UTERUS.

[Communicated for the Boston Medical and Surgical Journal.]

Miss E. M., aged 25, black hair and sallow complexion, suffered during childhood from strumous ulcerations of the limbs, and enlarged lymphatic glands of the neck. Catamenia appeared at 14, and continued regular, till about 18, when her general health began to give way; was easily fatigued on using exertion; complained of pain across the lumbar region, and had slight leucorrhœa. The history of the case is here defective till about two years and a half since, when she states her symptoms to have been as follows:—profuse leucorrhœa; had painful and protracted menstruation, lasting from eight to ten days, leaving her much prostrated; pain over the lower portion of the abdomen, lumbar and hypogastric regions; sense of fulness and bearing down on using exercise; appetite tolerable; bowels confined. Up to December, 1846, she was under medical treatment, with little amelioration of her state. Her health becoming more feeble, and symptoms all aggravated, I was called in, and saw her for the first time, on the 12th February, 1847, when she presented the following symptoms. Countenance looked chlorotic; eyes dull; skin dry; tongue clean, but rather florid; bowels inactive; appetite uncertain; pulse unequal, small and weak; lumbar and hypogastric pains persisted; complained of being very feeble (with apparent difficulty could walk from the couch to the chair, a distance of a few feet). In addition was irritable, and mind desponding. On further questioning the patient as to her inability to walk, she stated it was owing to the increase of her lumbar pains, leucorrhœa, a bearing down, with “*a protrusion of some substance.*” On using the trocar, the uterus felt large and indurated, and at the junction of the neck and body were two hard eminences, about the size of a hazel nut each. The cervix occupied the whole length of the vagina, and protruded beyond the external labia on using exertion. Its length might be about four inches and a half; it was firm and resistant. The lips of the os were open, admitting the extremity of the index finger, soft, hypertrophied, and felt spongy.

Injections of an infusion of marsh mallows were ordered three times a-day, to be retained for seven minutes, so as to form a local bath around the womb. To have R. Pulv. rhei, gr. xij.; hyd. c. cretæ, gr. viij. M.; and to commence taking R. Citras. ferri, gr. iij.; syrup. rhei, 3 j. M. ter in die. Rest, on a couch, in the horizontal position, enjoined. Diet to be nourishing, but unstimulating; no coffee; a little wine and water allowed at dinner. Treatment continued till the expected return of the menses, then discontinued, and as the flow was profuse, ordered the following:—R. Nitras argent., grs. iij; aq. distill., 3 iiss. Ten drops in a half glass of sweetened distilled water, ter in die. This moderated the discharge, which ceased on the fifth day from its commencement.

The citrate of iron, &c., was continued till the middle of April, when its use was discontinued. Her appearance at this time was somewhat improved. Skin less sallow, pulse stronger, and bowels normal. Ap-

petite good; in other respects as before. Ordered to use astringent injections of sulph. zinci, one drachm to the pint, three times a-day; to wear one of Mrs. Betts's uterine supporters, it possessing an efficient perineal pad (the secret of all supporters); internally to take four grains of the iodid. potass. in a little sweetened water, ter in die; and to rub about a drachm of the following into the upper and inner part of each thigh, morning and evening:—R. Iodin. puræ, gr. x.; iodid. potass., ℥j.; axunge, ℥j.; ungt.; and to have the following thrown up the bowels at night, when suffering from the hypogastric and lumbar pains. Camphor., gr. iij.; acet. opii, gtts. viij.; vitel., dr. iij.; to be rubbed up together, gradually adding about two ounces of water. Diet, animal food.

Under this course, which was continued for nine weeks (occasionally suspending the iodide) her general appearance altered much. The skin lost its dusky yellow hue; tongue normal; pulse 70, firm and equable; feels stronger; the uterus less indurated, and the two eminences or tubercles on the upper part of the cervix, softer, and reduced to one half their size. No change in the cervix, lips of the os as formerly.

Her treatment was now omitted till the 1st August, when she commenced taking—R. syrup. iodid. ferri, syrup. sarsap., āā ℥ij. M. One teaspoonful bis in die. Continue the ungt., &c. &c. No alteration was made in her remedies, which were followed up till about the middle of September, when her state was nearly as follows. Increase of flesh; skin clear and moist (unusual with her); eyes bright; tongue clean; appetite very good; bowels regular; pulse firm, but is subject to palpitation. Lumbar pains have disappeared. Suffers pain in the hypogastrum. Sense of fulness and bearing down on the least fatigue, with increase of pain in the lower part of the pelvis. The tubercles on the upper part of the neck have disappeared, and the body of the uterus now feels softer and smaller. No change in the cervix. Leucorrhœa still continues, and the catamenia as before. Her mind gloomy and constantly referring to her unfortunate condition. At times her friends fear for her reason.

Reviewing the circumstances of this peculiar case, and fearing the consequences which might ensue, if this unfortunate lady could not be helped, I felt justified in proposing, as a dernier resort, amputation of the cervix uteri. This was opposed by her friends, but at length, finding no hope or encouragement from those they consulted, it was agreed to, and the operation was performed on the 16th October.

*Operation.*—Having cleared the bowels by enema, and ascertaining that the bladder was empty, the patient was placed as for lithotomy, the parts exposed to the light, and then at her request she was placed under the influence of ether, inhaling it for about eight minutes, when she became insensible to pain, but conscious of what was going on. Her pulse rose to 110; eyes slightly turned up, with dilated pupils. A pair of strong double hooks were then firmly inserted into the projecting lips of the cervix. The cervix was steadily but gently drawn down, till about one inch and a half protruded beyond the external parts. An assistant now separated the labia, and with a common scalpel

about two inches and a quarter were removed—a brisk hæmorrhage ensued, which had to be controlled by placing a piece of sponge on the wound, and retaining it by a small silk handkerchief. Patient slept for two hours after the operation. In four hours felt uneasy “all over”; had sickness of the stomach, with darting pains through the bowels; pulse 90; was unable to pass water, though had strong desire. It occurred to me that the above symptoms might proceed from retention of urine. Removed the handkerchief from the vagina, and in a short time she passed urine freely, when all pain and sickness left her. Ordered eight grains of Dover’s powder, h. s. s. Next morning found she had slept well. No pain or tenderness on compressing the abdomen; tongue clean; pulse 90. V. s. ad 3 x. Light diet. Having slight tenderness in lower part of bowels, repeat the Dover’s powder, and warm fomentations of hops to the bowels.

Third day. Comfortable; pulse 80; no tenderness. Removed the sponge, and cleanse the vagina, several times daily, by means of a syringe with cold water.

Fourth day. Slight headache; ordered a common enema, the bowels not having been moved since the operation; and to continue the vaginal injections, rendering them slightly astringent with a little alum (3 ss. to the pint). From this date she continued gradually but steadily to improve, and was able to leave her room twelve days after the operation. The third week she was allowed full diet and to ride out. On examination, that portion of the cervix left is found to have receded, and would not measure more than one inch in length. Wound healed; slight leucorrhœa. Continue the astringent injections, and internally R. Tinct. mur. ferri. m.x., to be taken in half a wine glass of cold chamomile tea, ter in die. Progressed favorably, and in fourth week was apparently well. Can walk half a mile without being fatigued—and eight days previous to the date of this communication she rode fourteen miles without any inconvenience. Her mind has become happy, her appetite excellent, and to all appearance she is cured.

I forgot to mention that towards the end of the fourth week after the operation, the catamenia appeared, lasting four days, without pain.

I had the pleasure of returning her to her family, in good health and spirits, to pass Thanksgiving day.

I have the honor to be, Sir, yours respectfully,

N. J. McL. MOORE, M.R.C.S.L.

Derry, N. H., Nov. 24, 1847.

#### REPREHENSIBLE PRESCRIPTIONS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The following is a copy of a recipe recently sent to one of the apothecary shops in this city. R. Sulph. morph., grs. v.; hydrarg. sub. mur., 3 j.; jalapæ, 3 ss. The directions concerning this medicine were that one half was to be taken at once, and the remainder to be given three



hours afterwards. The apothecary declined dispensing the medicine, and the writer of the recipe appeared, and requested the medicine to be prepared. Each article was then put up in separate papers. Whether the medicine was given, or who the writer was, is not known.

Morphia, as is well known, is so called from Morpheus, the god of sleep, and is the most powerful of the narcotics. One grain of morphia, says Wood & Bache, is equivalent to six grains of opium, and "the dose of the sulphate of morphia is from one eighth to a quarter of a grain." Pereira states the same, though he has given in insanity two grains of the muriate of morphia at a dose. Think, then, of fifteen grains of opium and one half of a drachm of calomel ordered to be given at one time, and to be followed by an equivalent dose at the expiration of three hours! Rather heroic treatment this! The individual certainly cannot be called an "*inert*" practitioner. There is very little doubt in our mind, but that the above medicine, if given according to the letter, would prove fatal as a natural and necessary consequence, unless emesis should supervene. We have too much confidence in, and too high an opinion of the medical fraternity in Boston, to suppose, even for a moment, that the above compound was ordered by any one of our regular medical practitioners, and must conclude that it was the offspring of some quack or charlatan.

The public, it is to be feared, do not discriminate in regard to the capacities and qualifications of physicians, and ministers often lend their influence to spread and perpetuate humbugs. Men do not manifest the same keenness and insight in such matters as in business transactions. In these latter, they will not trust a man unless he have some credit, some reputation; but in a case of life and death, they act at a venture. They call in some quack with nostrums, some empiric with herbs from the mountains, or some blacksmith to set a bone, or some horse-jockey to rub down rheumatic limbs. Genuine talent, science and devotion to one's profession are not made the touchstones of reward in the physician, but he who has a bubble reputation, has ignorance allied with much of brass, and a spirit of braggadocio, bears off the palm.

The above account is but one of many which might be mentioned as displaying the same gross ignorance of the uses of medicine. We have cited the above case merely to put the public on their guard against dangerous and ignorant dabblers in medicines; and in conclusion would hope that all compounds, such as the above, will be traced to their source, and their authors nailed as base coin to the counter. MEDICUS.

#### CASE OF RETAINED PLACENTA.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The article of Dr. Sutton, of Kentucky, in your Journal of Nov. 17th, has induced me to copy from my note-book the following singular case, which is offered for your Journal.

Mrs. H., of Worcester County, aged 42, and mother of five children, was seized on the 18th of October, 1844, with uterine pain and

flooding, after attending a series of Miller camp-meetings. She was in the sixth month of pregnancy. Being called to prescribe for her, I enjoined rest in the horizontal posture, and an enema of starch and laudanum. The pain and flooding abated; and she was quiet till the 23d, the day on which the family believed, with other Miller fanatics, that the world was to be destroyed. The morning of that day she was suddenly seized with uterine contractions, and before my arrival expelled a *fœtus*. I suggested an examination, as there was a slight hemorrhage—but was overruled by the patient and her female attendants, who assured me that the whole afterbirth was discharged with the *fœtus*, and had been destroyed before my arrival. Trusting to their *sense* and *veracity*, I did not urge an examination.

Two days afterwards, I found the patient very comfortable—no flooding or uterine pain or tenderness. I then took my leave of her, presuming, from her appearance, that she would need no further medical attendance. Being myself in delicate health, in a few days afterwards I left town, and spent the winter in Philadelphia.

March 22d, 1845.—I was called to see another member of the same family, and was greatly surprised to find my quondam patient, Mrs. H., confined to her bed, pale, faint and anæmic. The account she gave of herself was that in November and December following her abortion, she was quite comfortable, although every few days she had a slight hemorrhage without uterine pain. In January she had more frequent hemorrhages, and took her bed. In this month she sent for me, but finding my worthy proxy an unmarried man, committed herself to the care of a Millerite root doctor. He called her case “a consumption in the blood—of the worst kind—afraid he could not cure it”; but gave roots, syrups, beers, &c., *ad libitum*. The patient was very much emaciated, had poor appetite, was very pale, and had œdema of the limbs, &c.

On learning these facts respecting her condition through the winter, it instantly occurred to me that her case must be one of retained placenta, or of organic disease of the uterus. I requested an examination, which was objected to as useless, by patient and friends, as all regarded her as very near death. My advice at length prevailed. The os uteri was firmly closed, but I was able to insinuate my finger so as to decide on the presence of a firmly-impacted body in the cavity of the uterus. I gave her a cup of stimulating tea, with eight grains of ipecac. In a few minutes she became thoroughly sick, with extreme muscular prostration. At this moment I introduced my hand into the vagina, and dilating the os uteri, passed two fingers so as to seize and remove a pear-shaped placenta—which by estimation weighed one pound. A small part of its surface was adherent to the parietes of the womb, by which means it had retained its vascularity and vitality. The portion near the attachment had evidently vegetated somewhat, giving it rather a fungoid appearance.

In this case the placenta was retained five months after the expulsion of the *fœtus*, and was the sole *cause* of the occasional hemorrhages, and the consequent alarming debility. This cause being now removed, the

patient rapidly convalesced under the use of wine, tonics and generous diet. Since that period, she has borne a child at full time—and is now in good health.

Your correspondent, Dr. Sutton, speaks in strong terms of the value of ergot and opium in certain cases of retained placenta. I would remark, that in my own midwifery practice, in cases of irregular, deficient, or spasmodic uterine contraction, I have observed that either of these agents has been more efficient when preceded by or combined with a nauseating dose of wine of ipecac. or antimony. I would suggest the inquiry whether the good effects of etherization in labor, may not be in some degree owing to the nauseating effect of that process.

Ashby, Mass., November, 1847.

ALFRED HITCHCOCK, M.D.

#### THE "BAD PRACTICE" CASE IN LOWELL.

[THE following letter from Dr. Kimball refers to the circumstance alluded to in the Journal of November 10th, under the head of "Bad Practice."]

To the Editor of the Boston Medical and Surgical Journal.

MY DEAR SIR,—There appeared, I understand, an article in your Medical Journal, some weeks since, in which my professional character was pretty seriously implicated. The article in question, I believe, was prompted by some editorial remarks that appeared in a paper of this city, called the "*Vox Populi*." I am not a reader of that paper, and from the irresponsible character it holds in the estimation of the public, should not be inclined to notice in any way, any statements therein, which otherwise might affect my reputation. When, however, it gives occasion for comment in *other* periodicals, of truthful character, and high standing in the public estimation, I feel *compelled* to give it such notice as self protection, merely, requires. But I shall not go into any particular *statement of facts* as regards the *foundation* of the remarks in the *Vox Populi*. I hope it will be sufficient for you to know, from *my own assertion*, that the article itself was a gross libel—and never could have been written and published except under circumstances of most culpable ignorance, or, what is more probable, from motives most wicked and malicious. I hope it will not be exacting too much of you to put the matter *right*, so far, at least, as you may suppose the article in your Journal has put it *wrong*, before the public. Should there remain on your mind any doubt that ought to be removed before you commit yourself in the matter, I shall be most happy to furnish you abundant testimony to that end. That you are disposed to do everything that honor and justice require, in the case, I have not the least doubt. I shall thus remain

Yours, very respectfully,

Lowell, Dec. 2, 1847.

G. KIMBALL.

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON, DECEMBER 15, 1847.
 

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*Births, Marriages and Deaths in Massachusetts.*—Another official report relating to the registry of these events in our Commonwealth, from the Secretary of State, for the year ending April 30th, 1847, has been published. It shows that labor has been expended in the tabular arrangement of the returns, but it is unsatisfactory on account of their being so very incomplete. A half a loaf is admitted to be better than none, for a hungry man; but in statistics, half or two thirds of the whole will not answer. However, good progress is making in registration, so that some forty years hence town officers may be induced, by active legislation, to inform the proper official of the exact number of deaths, marriages and births that have occurred within their jurisdiction during a given period. There is some curious matter, nevertheless, in this report.

*Old Wine in New Bottles.*—An uncommonly spirited production, with the above name, being the "*Spare Hours of a Student in Paris*," by Augustus Kingsley Gardner, M.D., has afforded us an amount of gratification that is seldom derived from a medical author. Physicians, in general literature, are very apt to have the odor of the shop, or run into tedious narrative. Dr. Gardner was no idle spectator of scenes in Paris that were presented to his penetrating eye. He could look as far into a millstone as any of our countrymen who have attempted to relate the wonders of that city. A better idea is obtained, from his descriptions, of public edifices, the business transacted in them, and of the great men, distinguished ladies, royal children, &c., than from almost any other source, short of seeing with our own eyes. The inmost recesses of French society are displayed, so that astonishing things, to an American reader, are constantly rising into view. This shows that a narrative of simple facts is quite as exciting as a work of mere fiction.

The legitimate places for a review of "*Old Wine in New Bottles*," it not being strictly a scientific work, are the literary periodicals, and for those it will be appropriate nutriment. We are unwilling, however, to allow the opportunity to pass, without heartily thanking Dr. Gardner for the amount of innocent pleasure imparted by this original volume, and especially, since he has complimented the Boston Medical and Surgical Journal by extracting from its pages.

*Lexicon Scientarium.*—A learned correspondent, two weeks since, presented his views in the Journal, in regard to the real value of the new Dictionary of Terms used in the various branches of science, by Henry McMurtrie, M.D., of Philadelphia; but this ought not to prevent us from referring to the work ourselves, since we had not seen a copy when those observations were made. The publishers, Messrs. E. C. & J. Biddle, of Philadelphia, it strikes us, will find this a good article, in the language of trade,

and the sales bid fair to be active, from the fact that the book possesses intrinsic merit; and from another circumstance, viz., the price is reasonable. One cannot read a page of any treatise on modern science, without finding this dictionary a very excellent assistant. Messrs. Phillips & Sampson, 110 Washington street, Boston, have it for sale. Medical students would find Dr. McMurtrie's labors of peculiar value to them in the course of their medical readings.

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*Slandering Physicians.*—In consequence of some exceedingly pointed allusions of a paper in a neighboring city, charging a reputable practitioner with want of sympathy and harshness towards a poor patient, we were induced to offer some general remarks upon it, but were reluctant to believe that a deliberate act, like the one represented, could have been perpetrated by a member of a profession which has been distinguished for the freest exercise of active benevolence in all ages, and in all countries where the services of medical men are sought. No persons are more exposed to malignant, slanderous attacks, than physicians, notwithstanding their unceasing efforts to meet every demand upon them in society. They are subjected to frequent mortifications, arising from envy in others, from rivalry, and the unprincipled, undermining innuendoes of those whose expectations of rising to a place, depend upon the downfall of others. Slander, with a forked tongue, is always ready to shoot from secret hiding places; and, in short, eminence in the medical world is too often accompanied by the annoyance, from without, of low minds and their low propensities.

By turning to a communication from Lowell, in to-day's Journal, it will be seen that we have been prompted to this vindication of a gentleman who has been wantonly assailed. No allusions respecting him, however, were inserted in the Journal, that could have been otherwise than gratifying to any person who had been the subject, elsewhere, of a vindictive attack from a secret or even open enemy—it being our invariable course to sustain the profession as far as truth and justice will admit, and under no circumstances to listen with willing attention to insinuations or open attacks against one of the brotherhood.

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*Etherization in Philadelphia.*—The November number of the Transactions of the College of Physicians of Philadelphia, contains an elaborate report on the use of ether in surgery—being the College's Annual Report on Surgery, which was read before that body in November last by Dr. Parrish. The surgeons in Philadelphia have been accused of backwardness in availing themselves of the benefits of this great discovery; and Dr. Parrish admits the truth of this accusation in his report. The candid and faithful manner, however, in which he has examined and acknowledged the merits of this new agent, and the honorable testimony which he bears to the zealous, unwearied and efficient labors of the leading surgeons of Boston, in first testing and making them known, and the fact, as we suppose it to be, that his report was accepted by the College, go far towards removing any suspicion of real hostility in Philadelphia to the use of ether in surgery. The fact that a whole year has passed away, during which the patients of the Philadelphia hospitals have undergone sufferings which

might have been mitigated, if not wholly removed, may seem to us now as implying "tardy, languid, faint-hearted assent, sweating out drop by drop from reluctant pores;" but in after years, if the success of the discovery fulfils its yet early promise, one short year may not seem an unreasonable time in hesitating as to the use of a means intended to produce results too great and good to have been expected from human agency. We have marked large portions of this report for quotation, although it is uncertain when the favors of our own kind and industrious correspondents will allow of our making use of them. Should they not be used, this notice must be considered as an expression of our high approval of the manner in which Dr. Parrish has performed the duty assigned him.

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*Females attending Medical Lectures.*—A correspondent writes that a young lady made her appearance in "the lecture rooms," a few weeks since—but, unfortunately for our paragraph, does not mention at what school of medicine. The bit of paper which brings the intelligence, appears to be a part of a letter, but bears neither date, post-mark, or reference to the region from whence it was sent. The note, however, reads thus: "Miss Blackwell made her appearance in the lecture room about two weeks ago. She is a pretty little specimen of the feminine gender, registering her age at 26; her tutor, Prof. Dickinson, of S. C., now Professor of Theory and Practice of Medicine in the New York University. She comes into the class with great composure, takes off her bonnet and puts it under the seat (exposing a fine phrenology), takes notes constantly, and maintains, throughout, an unchanged countenance. The effect on the class has been good, and great decorum is preserved while she is present. She wrote a capital letter when she applied for admission, and brings recommendations from eminent physicians in Philadelphia." From some imperfect recollections, when this scrap was handed to us by a lady of this city, we are impressed with the idea that Geneva is the institution; if not, it is probably some other in the State of New York.

A lady of Boston applied for admission to the anatomical lectures here, week before last, but with what success has not been ascertained. Why should not well-educated females be admitted? This is a suitable point to be discussed on some convenient occasion.

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*Central New York Medical Association.*—On the 14th of September, a call from a committee of the Cortland County Medical Society, brought together, at Oswego, a delegation of medical gentlemen from the Counties of Tompkins, Tioga, Broome and Cortland, of which Dr. J. S. Paige, of Oswego, was elected President, and Drs. F. Hyde of Cortland, and J. E. Hawley of Tompkins, Secretaries. The convention resolved that it was expedient to organize into a district medical society. This resolution was adopted, and also a constitution and a code of medical ethics, which if strictly observed, as we have no doubt they will be, will make the new society a model institution. A large body of practitioners in the central counties of the Empire State, are exhibiting a praiseworthy zeal in elevating the profession. They write well, and whatever they undertake, in reference to this essential object, seems to be done well.

*Death of Dieffenbach.*—(Extract from a letter from E. H. Clarke, M.D., to C. E. Buckingham, M.D., of Boston, and communicated by the latter gentleman.)—BERLIN, Nov. 11th, 1847. "The death of Dr. Dieffenbach has created a great sensation here. This morning he was as usual. I met him driving about the streets during the forenoon, apparently in perfect health. He called a few hours before his death upon a medical friend, and invited him to attend his clinique and lecture. His friend complied, and accompanied Dr. D. to the Hospital. The doctor spoke, if possible, with more than his usual vivacity. After the lecture he examined some surgical patients, and then seated himself, for a moment, in the amphitheatre. He was speaking as he sat down; he suddenly ceased, his face assumed a slightly blue tinge, and he fell upon his side, dead. The muscles of his face were convulsed for a moment, but there was no stertor in his breathing, and nothing to indicate the cause of such a sudden cessation of life. He was surrounded by medical students and physicians, and every endeavor was made to restore him, but without success. Thus has died one of the most distinguished, perhaps the most distinguished surgeon in Germany. It is preëminently true with regard to him, that he was as much beloved for his private virtues and amiable qualities, by those who were fortunate enough to be numbered among his personal friends, as he was respected, everywhere, by the profession, for his talents. I can well bear witness to the kindness and hospitality with which he treated strangers, and shall not soon forget the hearty manner with which he welcomed me to Berlin. You are too well acquainted with his works and reputation to need any description of the one, or eulogium upon the other, \* \* \* His last work, published not more than three months since, was a Treatise upon the Inhalation of Sulphuric Ether; and thus as the expounder of an American discovery, he seems to bear a more intimate relation to us, than most of our European brethren."

*Medical Convention of Tennessee.*—A medical convention was held at Nashville, October 25th, Dr. John Shelby in the chair, who was subsequently elected President. Resolutions were passed, approbatory of the transactions and recommendations of the National Medical Convention, at Philadelphia, besides some other business of a local character. On former occasions the medical meetings at Nashville have been eminently distinguished for their spirited activity in the despatch of whatever was brought to notice. It may have been so on this occasion, yet there was less of that off-hand display of energy, which was really amusing in some of the by-gone reports. If a member were absent, there was a word and a blow; in other words, he was instantly fined two dollars. In these less exciting days of peace and good will in the corps medical, the members are more promptly at their posts, and therefore the published report of the Tennessean Convention is bereft of half its former interest. However, the devotion of the physicians of that State to the onward and upward march of all who claim relationship to the great brotherhood to which they belong, and of which they are ornaments, commands the respect of those who are made acquainted with it.

*Boylston Medical Society.*—At the annual meeting of this Society, November 22d, 1847, the following gentlemen were elected officers for the ensuing year:—



Luther Parker, Jr., M.D., *President*; James W. Stone, M.D., *1st Vice President*; Daniel D. Slade, *2d Vice President*; Z. B. Adams, M.D., *Treasurer*; James C. Neilson, *Secretary*; and Edwin Leigh, *Librarian*. Drs. John Ware, Geo. Hayward, Enoch Hale, Z. B. Adams, G. C. Shattuck, Jr., John Homans, Jacob Bigelow, *Trustees*.

*New York State Dental Society.*—(Communicated for the Boston Medical and Surgical Journal.) The convention recently called in the State to meet in the city of New York, has been responded to, and the results—sixty-five members signed the constitution on the first evening, and fees and dues to the amount of nearly \$300 paid in. The "Society" promises to be in favor with those gentlemen who are lovers of "order" and good will.

*Proposed Treatise on Typhoid and Typhus Fever.*—Our friend Dr. Sutton, of Georgetown, Ky., as we learn, has it in contemplation to publish a historical and practical treatise on these fevers, as they have prevailed in the interior of this State; and, especially, in Scott and the adjoining counties, where he has seen and treated them, and to some extent observed their pathological anatomy. Dr. Sutton is already favorably known to our readers, by his contributions to this Journal. We cannot doubt that his proposed work will be a valuable contribution to our indigenous literature, and hope soon to hear of its being committed to the press.—*Western Medical Journal*.

Dr. S. is also a contributor to the Boston Medical and Surgical Journal, and is well qualified for the preparation of a work like the above.

*University of Louisville.*—The classes in both the Law and Medical Departments of the University of Louisville are larger than they were last winter. The annual circular, to be issued the first of January, will exhibit remarkable prosperity in the institution. We may say, in one word, that the spacious rooms in the Medical College are full.—*Ibid*.

TO CORRESPONDENTS.—No. 5 on the "Pathology of the Teeth," Analysis of a review of Dr. Green's Work on Bronchitis, and a letter from Dr. Lugenbeel on the Acclimating Fever in Africa, have been received.

MARRIED.—Dr. William A. Shaw, of Wickford, R. I., to Miss M. A. Case.

DIED.—At Washington, Dr. Robert E. Kerr, formerly a surgeon in the United States Army. —In New York, Dr. F. A. Wainwright. It appears that some days ago a rattlesnake was given to the doctor, and about 6 o'clock on the evening of the 9th, he was showing it to a friend; while in the act of returning the reptile to his den, it stuck its fangs into the doctor's finger, which commenced swelling immediately. Medical aid was called and the finger amputated, but so rapid was the progress of the poison, that before 12 o'clock death had done its work.—In this city, 9th inst., of inflammation of the brain, Dr. A. B. Wheeler, 36—writer of an article in this Journal of Nov. 10th, on the "Treatment of the Insane."

*Report of Deaths in Boston*—for the week ending Dec. 11th, 68.—Males, 38—females, 30.—Millborn, 7. Of consumption, 15—smallpox, 5—inflammation of the bowels, 1—typhus fever, 10—scarlet fever, 2—lung fever, 5—croup, 6—dropsy on the brain, 1—dropsy on the chest, 1—disease of the bowels, 5—quinsy, 1—brain fever, 1—infantile, 5—hooping cough, 2—abscess, 1—intemperance, 1—teething, 1—pleurisy, 2—cholera infantum, 1—suicide, 1—delirium tremens, 1—erysipelas, 1—inflammation of the brain, 1.

Under 5 years, 27—between 5 and 20 years, 7—between 20 and 40 years, 24—between 40 and 60 years, 10—over 60 years, 0.

*Medical Lectures.*—The following remarks on the subject of lectures will be read with interest by both professors and students. They are from Dr. O. W. Holmes's Introductory Lecture.

"The power of lecturing agreeably depends much on natural graces; but it must be remembered that there are subjects which not all the art in the world can do more than just render palatable. There are long tracts of descriptive anatomy, for instance, which it is out of the question to mould into eloquent paragraphs, without doing as great violence to the subject as Sponius, who turned his lessons of myology into a *carmen heroicum*. There are intrinsic difficulties in the task of the lecturer, whatever may be his subject or capacity. There are days, for instance, I appeal to every expert in this art and mystery, when some depressing influence takes the life out of one's heart and the words away from his lips, as there are others when his task is a pleasure;—he lies at the mercy of fits of easy and of difficult transmission, controlled by subtle influences he cannot withstand. The memory sometimes neglects its duty, the imagination droops, the tongue will not perform its office, and as from an untuned instrument, a few discordant notes are all that can be obtained instead of the expected harmony.

"A long course of lectures tries all the weaknesses of teachers and pupils. There is no little trick of the one, and no impatient habit of the other, which will not show itself before they part company. The teacher will have his peculiar phrases which soon become notorious and characteristic; his gestures and movements more or less inelegant, his bodily infirmities, it may be, which he cannot disguise in broad daylight and the long hour. He will get the wrong word for the right, and so confuse the student of slow apprehension, amidst the whispered corrections of the more intelligent; he will fail to be understood when he thinks he has been clear, and apologize when no one has suspected him of failure.

"The student will have his hours of disgust and lassitude; the cramped muscles will sometimes stretch out in ominous yawning, or some favorable corner will invite him to repose, and his senses will dissolve away in the sweetest of all slumbers, whose lullaby is the steady flow of didactic expatiation. All these weaknesses must be mutually pardoned, and for this both must have a permanent sense of the true relation of teacher and pupils, as friends, a little separated in years and in some points of knowledge, pursuing a common end, which one sees more clearly than the other, and therefore takes the lead in following, but which both see imperfectly, and which neither of them will ever completely attain."

*Adulteration of Drugs.*—Constantly have we complaints in the journals of sophistications of many of the most important articles and preparations of the *materia medica*. The evil has now become so crying, that the College of Pharmacy of New York has decided on petitioning Congress to pass a law, authorizing the appointment of an inspection at the Custom House of imported galenicals and chemicals, and the confiscation of such as are not approved of. In this petition the different medical schools will doubtless unite, as the Jefferson Medical College has already done. We may remark, by the way, that we have recently examined a specimen of the *Pilula Hydrargyri*, prepared by steam power at the chemical laboratory of Mr. George W. Carpenter, of this city, which may be depended upon as genuine. It is made in the same manner as at Apothecaries' Hall, London, and the mercury is completely extinguished.—*Philadelphia Medical Examiner*.